

# LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNA.*"

Vol. VI.

LOUISVILLE, AUGUST 31, 1878.

No. 9.

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EDITORS.

## Original.

### YELLOW FEVER, ITS FEATURES AND PHENOMENA.

BY T. S. BELL, M. D.

There is not in the entire science of medicine a more instructive study than that of intermittent fever in its multitudinous phases. It may come in a deadly form in its first paroxysm, or it may attack for many months, always impairing health, but not endangering life. But no matter in what form it may come, it has, even in its irregular forms, certain features that distinguish it from all other diseases. There may be a moderately cold stage, followed by speedy re-action, forming the hot stage, and this usually ends very soon with a sweating stage, and this closes the first paroxysm. Sometimes the cold, hot, and sweating stages are confined to a single limb, the arm for example. Sometimes the patient lies for hours in an apoplectic condition, from which he emerges in a very feeble sweating stage. Another will feel very comfortable while lying still, but the moment the head is raised up a fainting fit comes on that passes off as soon as the victim lies down. Sometimes the patient has violent delirium, and the attack resembles brain-fever. I have seen a number of cases that were perfectly cataleptic during the paroxysm. Intermittent fever wears the mask of every species of disease, but there is one sign always present—there is albumen in the urine in the cold stage, which

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disappears from it in the hot stage. In remittent fever this sign is more persistent, but in moderate attacks it may not be fatal; but in severe forms of the disease this is a sign of evil augury. In that celebrated remittent fever on the Island of Edam, near Batavia, reported by Dr. Shields, the kidneys and liver were speedily overwhelmed; and Dr. Shields, knowing nothing of the phenomena of renal disturbance, was under the impression that his cases were fatal because of cerebral attacks. He did not go behind the brain-symptoms to ascertain to what they were due. I do not know of many endemial onslaughts of yellow fever that were more fatal than this remittent fever at Edam. Dr. Shields is very expressive of the fact that those who slept on the shore took the disease and died.

In New Orleans, in 1849, Dr. E. D. Fenner says he saw "in the months of September, October, and November cases of intermittent, mild remittent, and dysentery run into well-marked yellow fever." Dr. Brickell informed Dr. Fenner that "he had a case in his ward which entered as an intermittent, and was relieved; but before leaving the hospital a relapse occurred, which proved to be decided yellow fever. This was also relieved, but before convalescence was established the patient fell into distinct intermittent fever again." An experienced medical friend informed Dr. Fenner "of a case of intermittent fever in private practice which most unexpectedly terminated fatally with *black vomit*." \*

I call attention to these reports because they are very instructive. Are we to believe that intermittent fever, while recovering, fell

\* E. D. Fenner's Southern Medical Reports, Vol. I, p. 117.

into yellow fever, and in convalescing from that became intermittent fever again? Or, in the relapse, did it merely assume some of the appearances of yellow fever, and wear them as a mask, as it masquerades in the habiliments of a large variety of diseases? And in the case of intermittent fever which ended fatally with black vomit, what are we to think? The worst forms of intermittent fever are not apt to terminate in that way in our climate. In this class of diseases there is no mean that has been invented that can explain these phenomena but the microscope. The instrument was not used; the renal condition was unknown, and conjecture was resorted to in the absence of knowledge that could have been positively gained by the proper use of the microscope. I am persuaded that many hundreds of cases of remittent fever are treated as yellow-fever cases. Hence we find many medical men affirming great success in the treatment of yellow fever by liberal doses of quinine. When the solar temperature, in a locality capable of engendering yellow fever, has reached the sum of the squares of heat that produces this great disease of the tropics, quinine is incapable of arresting the diseased actions that are characteristic of that great malady. There are perversions of secretions, diseased eliminations with a frightfully rapid march, that can not be controlled by quinine. Hence the discordant statements of medical men about the value of the salts of Peruvian bark in yellow fever. One set uses these articles in remittent fever, and is of course very successful; the other set uses them in yellow fever, and finds constant failure.

I have endeavored to impress upon my readers the important, the momentous truth that Colling, of Martinique, and Blair, of Surinam and Demarara, have thrown more light upon the phenomena of yellow fever than all the preceding centuries had shed upon it. Until they made their researches and published them, yellow fever was an inexplicable problem. And what is it that stands revealed to us through the researches

of Colling and Blair? They show that the renal organs bear the brunt, and that no case of yellow fever can occur without making very great changes in those organs. Another momentous truth that should be impressed upon the mind of every physician who has the management of cases of this kind is the velocity of these changes. There is not a moment to lose. If we examine the urine of the patient on the *first day* of the disease, and in the *hot* stage, we find albumen, we know that this is not a case of intermittent nor of remittent fever, because that significant sign appears in the *cold* stage of those two diseases. We then, having found albumen in the hot stage, resort to the microscope, and find a large deposit of the *epithelium of the bladder*, and the next morning there are *tube-casts*; and these conditions speak a language of the highest importance. A medical friend, who is an expert with the microscope, suggests to me that Bright's disease of the kidneys might produce some disturbance in the diagnosis. I think not. The tube-casts in desquamative nephritis, or Bright's acute desquamative nephritis, are not preceded by the destruction of the epithelium of the bladder; and in Bright's disease, co-incident with the appearance of the tube-casts, we necessarily have some dropsical effusion about the eyelids or face, which is not among the phenomena of their appearance in yellow fever.

These very significant signs settle the case. They are the *avant couriers* of a rush of perversions that will speedily sap the foundations of life, if not arrested. These perversions are made in these fevers, and are marked as to their time by no other poison than that productive of intermittent, remittent, and yellow fever, and cholera. In some cases of intermittent fever there is no reaction. The patient never emerges from the cold stage, and he infallibly dies in the first or third paroxysm. He may walk about, and be in full possession of his intellectual faculties, but he is pulseless; he has a collapse temperature, and he does not secrete a drop of urine. In bad cases of re-

mittent fever a similar state of things may spring up among the perversions caused by this poison. The extraordinary perversions are a part of the early phenomena of every case of yellow fever. They are not a portion of the early phenomena of all cases of intermittent or remittent fever. The great perversion is present in every case of cholera that ever appeared, and not a single case of that disease, from the first recorded by Hippocrates to the present time, has ever been cured; nor has any case of the malignant intermittent fever ever yielded to any kind of treatment. These malignant forms of intermittent fever have occurred here in some persons who were conspicuous in this community, and they all went to "the unseen world" without any kind of hindrance from medical art.

In yellow fever, unless very grave signs in the renal organs are shown very early in the attack, we may do much to save the patient. Standing in the presence of these grave perversions, provided we know them, we may do much to control and guide them toward safety. It is a matter of great moment that we shall see the case before the triple-phosphates are perverted from the kidneys to the alimentary canal. It is of the highest importance in every case of yellow fever that we shall use due diligence, with great discretion, in guiding the renal organs, because the chief stress of the disease is discoverable there. Every great evil in a case of yellow fever has its nidus in the liver and renal organs, and the discovery of this nidus is readily made by the use of the microscope. The man who attempts to manage yellow fever without that instrument necessarily gropes his way in the dark, and his patient will be apt to go to the dark house. As soon as the microscope reveals the fact that it is a case of yellow fever cloths folded in many layers should be dipped in boiling water, wrung out thoroughly by two persons using a dry towel, then held to the fire, and applied over the renal organs, with oil-silk over them; they should be well fastened on the patient, and

changed every two hours. Efforts should be made to excite copious action from the skin, and the patient should drink freely of cold water, because that is the best and the safest of all diuretics. The officinal sweet spirits of niter should be used. If the kidneys can be prevented from undergoing perversions, the case will be saved; without that an impending peril hangs over the patient's life. If the patient is found in the locality where the poison was engendered, he must be moved outward or upward beyond the reach of the poison. Hackett, an intelligent yellow fever physician, speaks very highly of croton oil. This, discreetly used, has its value. But let it never be forgotten *that the microscope must reveal the condition of the urine at each visit.* Without that a prognosis of the case is scarcely worth the amount of breath used in making it.

I ask the attention of the reader now to certain facts. They are not theories, but absolute verities. These are points that can be proved or disproved, and therefore have that inestimable advantage over mere opinions.

The cause of intermittent, remittent, and yellow fever acts exclusively at night. From the days of Lancisi to the present time this has been a familiar fact in intermittent and remittent fever. At Rome the gates, doors, and windows next to the Campagne di Roma are closed at sunset, because it is known that the death-dealing poison of the Pontine marshes begins its action then. Regnault de Lisle, a great master of the subject, is very impressive in his facts on this point. I have already referred to the notorious history of the Maremme di Lucca, embracing centuries of time. The inhabitants of that fair and fertile region were compelled to fly from their homes every year during the hot season, but they secured the watching of their crops by building high towers along their possessions, in which the watchmen slept at night, alternating periods of watching and sleeping. I have also shown the successful method adopted by the Grand Duke of Tuscany for relieving the Maremme from this dreadful evil. He did for

it the same thing that has been done for Louisville; he destroyed the marshes, and in that way secured the health of the inhabitants. I have shown that this fact, night exposure, is the source of danger in yellow fever, appealing to the observations of numbers of experienced physicians in various parts of the world in proof of this material point.

Another similarity is found in the fact that the same means that prevent the formation of the cause of intermittent and remittent fevers equally prevent that productive of yellow fever. The latter is a disease that is very limited in its operations as compared with the cause of intermittent and remittent fevers. This very limitation, by which nature speaks emphatically, saying thus far and no farther shalt thou go, is utterly destructive of that moonstruck theory recently advocated by Dr. Henry Smith, of the United States Marine Hospital Service. Dr. Smith assumes, without the shadow of proof, that yellow fever is caused by "live germs," which travel like the "army worm." If any thing more absurd than this has ever been invented, I have not had the pleasure of meeting it. Vera Cruz is one of the favorite homes of yellow fever. Why have not these "germs" traveled to Zalapa? It is but seventy-five miles from Vera Cruz, it is in constant communication with Vera Cruz; yet this yellow fever "army worm" has never been able, in over three centuries, to make this short journey. When six thousand of the people of Leghorn, and a French army corps, with nearly two hundred of those taken sick at Leghorn, marched to Pisa while the yellow fever ravaged Leghorn, why did not Dr. Smith's "army worm" travel to Pisa? No case of the disease occurred among the people of Pisa. Why did not the sixty thousand refugees from Lisbon, who fled to Cintra chiefly, carry the "fomites" or "army worm" of Dr. Smith with them? They did not in a single instance. There was "a local cause" for the disease at Leghorn and at Lisbon, and nothing of the kind at Pisa nor at

Cintra. The Lisbonese could as easily have carried portions of their great earthquake power in 1755 to Cintra as they could have carried one of Dr. Smith's "army worms" to Cintra. They could have found specimens of the earthquake much more easily than they could find a specimen of Dr. Smith's germ. I think it should be called the United States Marine Hospital Service "army worm," because it is very much more on service in that great national institution than any where else upon earth. Another similitude of the "army worm" to Dr. Henry Smith's "fomites" that travel, is in the fact that both prey upon *green, very green* things. Why is it that these "army worms" of Dr. Smith are never able to visit any one of the old localities of the disease in the city of New York? The places that once knew it regularly in the city of New York never have a case in them now. It is not because of the quarantines, because they were as stringent at New York when the yellow fever assailed it as now. What hinders this invention of the United States Marine Hospital Service, the yellow fever army worm, from entering New York city as it formerly did? I was in the city of New York when refugees from Norfolk, Portsmouth, and Goshen arrived there by the various railroad routes in sufficient numbers to have brought "bales" of Dr. Henry Smith's "yellow fever army worm," but the "worm" seemed to dig before the refugees reached New York. Not one "army worm," not a particle of "living germs" nor "fomites" of any description reached that city. The mass of "living germs" or Dr. Smith's "army worms" did not go to the farm of the Hon. Henry A. Wise when he took yellow-fever patients from Norfolk to his farm. Neither himself nor any one on his farm was bitten by Dr. Smith's "yellow fever army worm." Not a "bale" of this kind has ever reached this city in an experience of one hundred years. Nor is it now found in any part of the county where Memphis stands, except in the town. It is painful to see such evidences of a want of philosophy,



of an entire absence of observation as the United States Marine Hospital Service exhibits to a waiting and expectant public. We believe that the people of the South would not exchange the cotton-worm for Dr. Smith's "army worm." It is an evidence of a disposition to catch at any paltry absurdity when men undertake to meet such a gigantic enemy as yellow fever by the wild vagaries of a distempered, untaught, uncontrolled imagination. Every place on the face of the earth whose local condition has been improved so as to shut out intermittent and remittent fevers has been equally as effectual in preventing yellow fever. It is a disease that springs from a local surface; effectively change that, and that place is done with yellow fever, intermittent, and remittent fevers. The great mass of this city, once given over to annual intermittent and remittent fevers, never produces a case now, and every place subject to yellow fever on the face of the earth can be equally changed so as never again to produce a case of yellow fever.

Intermittent and remittent fevers are subjects of a peculiar and expressive law. The poison that produces them has a property called *latency*, by which it may lie in the system a long time, some multiple of seven, and it may then produce those diseases in a climate where such diseases are never made. It is quite common for this latency to exist in many cases all winter in this climate and then make attacks in the spring, before the cause is made. This is evident from the fact that the manifestation occurs in old residents in the locality, while recent arrivals in the spring do not show any sign of the disease. Wells, the great discoverer of the laws of dew, was a student of Dr. Gardener's, at Charleston, S. C., and noticed these facts repeatedly. The poison may show itself, be broken of a portion of its power by antiperiodics, and in one, two, three, or four weeks, or some later multiple of seven, there will be a return of the attacks, although the victim may be among a people who never have any thing

of the kind. This is a universally recognized feature of intermittent and remittent fevers. It is quite common among the survivors of a yellow fever district, but unfortunately the mass of the exposed die. But some escape, go to the mountains of Tennessee or Virginia, there develop the disease in three or four weeks, and have precisely that form of it that occurred in the locality where the poison was acquired.

The records of yellow fever are filled with cases of this kind. Yellow fever usually ceased as an endemic in Philadelphia in November. Drs. Rush, Devezee, Reece, and others report cases of it through December, January, and sometimes as late as in February. Similar observations were made in New York. The cause in these cases was latent, and remained so for months after the endemic ceased to prevail. The case of the regiment that was sent to Pondicherry on the eve of yellow fever is to the point. When the governor-general found that he had by his folly slaughtered about one half the regiment, he ordered the remainder to Naim, at the foot of the Himalaya Mountains. It is a great sanitarium, entirely free from all "army-worms," fomites, germs that give yellow fever, and every thing of the kind. Dr. James Johnson states that the garrison at Naim cleaned up the barracks, and received the invalid remainder of the regiment. The two sets of soldiers messed together, drilled together, and enjoyed each other's society intimately. What was the result? Cases of yellow fever of a fatal character continued to occur throughout the period of *four months* after the arrival of the regiment at Naim, and there was not a case among the soldiers who occupied the barracks at the time of the arrival of the invalid regiment. These cases display *the law of latency* in yellow fever. It is in that precisely what it is in intermittent fever. It is impossible that these identical features can be the work of various poisons.

But I ask attention now to a celebrated case that shook the public mind of England in 1809-10. A military expedition under

Lord Chatham, brother of the prime minister, William Pitt, was sent to Walcheren to capture Flushing. In the course of a very short time the army was virtually destroyed by an unseen enemy that acted in the night. The men in the vessels, anchored away from the shore, were perfectly exempt from disease. When the disaster was ruinous, and the expedition a total failure, the remnant were ordered back to England. It was noticed that all the officers, who had lodgings in the upper stories, entirely escaped an attack of this wasting pestilence. Hundreds of the soldiers felt so well upon landing in England that they felt that their sufferings and perils were over. Those who thought this showed that they knew but little of the enemy that had assailed them. This disease continued to fatally assail these men, in many of the healthiest districts of England, just as it attacked the men on the island. The medical journals of 1810-11 were filled with accounts of the cases, and the disease obtained the name of the Walcheren fever. Its peculiarity was that the liver and spleen looked as though they were converted into bags of soot. Great numbers of these returned soldiers were not attacked till twelve months after they returned home. The poison was latent until just before the attack, and then performed its dreadful ravages in a few hours, precisely as it did at Walcheren.

A poison possessing such potency as this—that conceals itself until its time for action comes, and then leaps into destructive power—deserves the careful study of medical men. Its laws are well known, and should be at the fingers' ends of all medical men. We can utterly destroy the sources of this poison. It has been utterly destroyed in thousands of places, and the same success can be achieved in thousands of other places. We should go on until not a vestige of this poison can be found within the fair domains of a redeemed, regenerated, and rejuvenated earth. What a joyful time will that be when among all the habitations of men there shall not be one case of avoidable death, nor one

of avoidable sickness. Should not that be the work, the earnest aim of the medical profession?

LOUISVILLE. \_\_\_\_\_

### RADICAL CURE OF HYDROCELE BY LAYING OPEN SAC.

REPORT OF CASE BY J. E. KEMPF, M. D.

The radical cure of hydrocele may be effected either by injection or by laying the sac freely open. The latter treatment is by far the most promising for a radical cure. I report the following case to illustrate, not only the operation, but also of how much value the slippery-elm tent is in an operation of this kind.

In the spring of 1876 Mr. W., of Tell City, a laboring man, married, and aged thirty-five years, called on my father, Dr. M. Kempf, at his office. At the age of eighteen the patient became afflicted with hydrocele of the left scrotum. He ascribed it to being thrown forward on the pommel of a saddle. The hydrocele had been tapped several times during the seventeen years of its existence, but it always refilled.

During the winter of 1874 Dr. Bindewald tapped the hydrocele and injected tincture of iodine into it. This retarded the refilling for some time, but with unrelenting certainty the time came when the hydrocele had to be tapped again. For this Mr. W. called upon my father; however, giving him the privilege of operating as he saw fit.

At the suggestion of Dr. Knapp, my father, I assisting him, performed the following operation: With the scalpel he laid open the entire left half of the scrotum; the water poured forth with a gush until half a gallon had escaped. The internal surface of the coating of the tunica vaginalis was studded with bands of calcareous deposit. A strong solution of carbolic acid was applied to these and to the internal surface of the tunica vaginalis. A slippery-elm tent, two inches broad and five in length, was now inserted as high up as it would go. This, affording excellent drainage, kept the wound from

healing, except from the bottom by granulations. The case progressed favorably, and the man left for home.

The slippery-elm tent being discontinued contrary to my father's directions, an abscess formed in the abdominal wall. The patient returned to Ferdinand, and the abscess was opened above Poupart's ligament; the abscess, very likely, was situated between the transversalis muscle and the transversalis fascia. A slippery-elm tent was again inserted into the first wound, and carbolic acid water was injected three times a day. This was continued until the wound had filled up.

The patient reports that, although it is two years and a half since the operation, not a sign of hydrocele has re-appeared.

FERDINAND, IND.

### Correspondence.

*To the Editors of the Louisville Medical News:*

My late article on Objections to the Use of Carbolic Acid in the Treatment of Piles having been so extensively copied by the medical press, together with the fact that I am in receipt of quite a number of letters from the profession indorsing my views, induces me to believe that the subject is of general interest, and that any thing relative to or having a tendency to elucidate this class of disease will receive attention from medical men. Among those who have given my article their full indorsement are notably Dr. W. H. Van Buren, of New York (whose letter was published in the May number of the Medical Bi-Weekly), and Mr. William Allingham, of London, whose letter was received but a few days ago. Considering the high authority of both these gentlemen, I dare say you would be doing those interested in this special branch a favor by publishing the inclosed letter, which contains matter of much interest.

Very truly yours,

J. M. MATHEWS, M. D.

FIFTH AVENUE, LOUISVILLE.

25 GROSVENOR S., GROSVENOR SQUARE,  
LONDON, W. }

Dear Dr. Mathews.

I am much obliged by your sending me your pamphlet on the Carbolic-acid Treatment of Piles. I really did not know the treatment was so much in vogue your side of the water. I tried it some long time back on the advice given in a pamphlet sent me by an American physician whose name I now forget. I followed his directions, and my success was not such as to encourage me to perform injection of the acid in very many cases. I quite concur that small velvety hemorrhoids can be cured by the carbolic-acid injection, but I can not help fearing that danger from taking up of clot, and its being carried into the circulation, is not chimerical. In destroying nævi with injection of acid solution of iron death has resulted more than once in this country. I am still more and more impressed with the absolute safety of the ligature in all large, very vascular hemorrhoids when the ligature is properly and dextrously applied. In small cases of villous or raspberry-looking *small* internal piles, Pagulin's thermo-cautery is my treatment. Touch the pile (mucous membrane; no skin; in fact only the diseased part) with the hot cautery, at dull-red heat; and, generally speaking, the pile will dwindle away. Sometimes two touches may be required, but, if you choose the right variety, rarely but one. Now this treatment after all is not by any means *always* radical. In my opinion, in one or two years they recommence to grow, and after this assume a form which requires ligature in the end to effect a permanent cure. After thorough ligature it is wonderfully rare to have any return. I have now in private and hospital practice operated by ligature upon nearly eleven hundred patients. I have not yet had any death from any cause. With such a success what temptation have I to try new methods? With the cautery (actual) I have had two hundred and twenty cases about—may be a few more, not less—and have had two deaths from *pyæmia*. I comparatively rarely now use the cautery.

I hope you are well and flourishing. A new edition (third) of my book will appear early in October, and I shall send you over a copy. It will be in great part rewritten, and contains my newest methods of treatment.

Kind regards and good wishes,

Dear sir, from yours faithfully,

WILLIAM ALLINGHAM.

DR. J. M. MATHEWS, Louisville, Ky.

### TYPHO-MALARIAL FEVER.

*To the Editors of the Louisville Medical News:*

I want a word with you on the subject of typho-malarial fever. I do not think the term well selected, nor that it is expressive of the etiology or pathology of the disease to which it is applied, and I think it leads to incorrect practice.

The notion prevails among my medical neighbors that this is not a separate and distinct identity, but that it is typhoid and malarial fever prevailing at the same time in the same patient, so modifying each other as to produce a fever partaking of the character of both, and when the malarial element is cured by quininism maintained in the system for a period of time varying from thirty-six to sixty hours, the remaining fever is essentially typhoid, and is subjected to the expectant treatment usually pursued in that disease.

It is difficult to determine how the presence of the two diseases or the operation of the two poisons upon the system at the same time could modify either so as to shorten the duration, diminish the malignancy, or lessen the tendency to the pathological lesions characteristic of typhoid fever.

Recent experience with the antipyretic properties of the bark alkaloids in these cases has satisfied me that the disease is essentially malarial, and that the typhoid element is as amenable as the malarial to the quinine influence.

I think the physician of the present day makes a mistake when he allows his diagnosis as to the presence or absence of mias-

matic poisoning to turn on the absence of a well-defined or even an appreciable periodicity.

During the present and past month I have had several cases of this character of fever to which I had administered from sixty to ninety grains of quinine (in eight- to ten-grain doses) in thirty-six to forty-eight hours with the effect of lowering the temperature from  $105^{\circ}$  or  $106^{\circ}$  to  $103\frac{1}{2}^{\circ}$  or  $104^{\circ}$  after the discontinuance of quinine, and the temperature continued at the latter figure from thirty-six to forty-eight hours with a view of obtaining the antipyretic effects of quinine, as commended in typhoid fever. I have administered thirty to forty grains in a single dose, and in each instance have seen the temperature and pulse come to a normal standard. In one case it did not come up again, and the man had a speedy convalescence. In others the temperature and pulse would gradually rise within forty-eight hours to  $102^{\circ}$  or  $103^{\circ}$ , to succumb again to a similar dose of quinine or cinchonidia, and be followed by convalescence. Quinine may produce this impression on the temperature and pulse of typhoid fever. Indeed by quinine and bathing the temperature and pulse of typhoid fever may be maintained at the normal standard and yet the disease run a tedious course to a fatal termination; therefore if the disease is cut short by quinine in any quantity we are justifiable, I think, in the conclusion that it was essentially malarial, and that there was no typhoid about it.

I would be inclined to suggest the name of continued malarial fever as more appropriate and suggestive of correct principles of treatment.

H. K. PUSEY, M. D.

GARNETTSVILLE, KY., Aug. 17, 1878.

WE ask the special attention of many of our subscribers to the bills which accompany this issue of the NEWS.

TINCTURE of Bryony has been recommended by M. L. Lamare as a remedy for pertussis.



## Miscellany.

### ABSTRACT OF SANITARY REPORTS RECEIVED DURING THE PAST WEEK UNDER THE NATIONAL QUARANTINE ACT:

OFFICE SURGEON-GENERAL, U. S. M. H. S., }  
WASHINGTON, August 24, 1878.

**New Orleans.** During the week ended yesterday noon there were seven hundred and seventy-one cases of *yellow fever* and two hundred and ninety-five deaths, making in all sixteen hundred and seventy-three cases and five hundred and thirty-four deaths. During the twenty-four hours to noon yesterday there were one hundred and twenty-three new cases and forty deaths.

**Vicksburg.** At least four hundred cases of *yellow fever* from date of commencement, August 12th, to yesterday evening, and sixty-nine deaths; twenty deaths during the last twenty-four hours. Dr. Booth, in charge of the Marine Hospital Service at that port, telegraphs: "I am sick; impossible to procure accurate data."

**Memphis.** One hundred and forty-four cases of *yellow fever* and fifty-three deaths during six days to Friday evening.

**Canton, Miss.** First case of *yellow fever* occurred at Canton on August 1st. To yesterday evening there were eighteen cases and eight deaths.

**Port Gibson, Miss.** First case of *yellow fever* originating in Port Gibson occurred August 3d, resulting in death August 8th. The disease began to spread August 14th. One hundred and eighteen cases and nine deaths to yesterday morning.

**Cincinnati.** To yesterday evening no more cases of *yellow fever* had developed at Cincinnati since the two mentioned in the last report. The engineer of the steamer Golden Rule was admitted to hospital the 22d inst. with *yellow fever*, and also one other case, probably *yellow fever*, from Memphis.

**Morgan City, La.** One case *yellow fever* August 21st. Patient from New Orleans.

**Ocean Springs, Miss.** Three cases *yellow fever* and one death; all imported.

**St. Louis.** Four refugees died of *yellow fever* at St. Louis during past week.

**Louisville.** Four river-boatmen suffering from *yellow fever* are under treatment in an improvised hospital on the Marine Hospital grounds, admitted from steamer John Porter, Sunflower Belle, and Golden Crown on the 17th and 18th inst.

**Mobile.** The case reported as *yellow fever* August 16th is now officially announced as undoubtedly a mistake. Dispatches to the 23d inst. report good health.

**Key West.** No *yellow fever* for three weeks to yesterday evening.

**Grenada, Miss.** So many of the remaining population are stricken with the *fever* that definite information of the number of cases and deaths could not be obtained.

**Havana.** Ninety deaths from *yellow fever* and six of *small-pox* for week ended August 17th.

**Matanzas.** Decreased cases *yellow fever*. Only five American vessels in port August 16th, and all of them have either had or were having cases of *yellow fever* on board.

**Cardenas and Sagua la Grande, Cuba.** No *yellow-fever* advices to 16th inst.

**Bombay.** Thirty-three deaths from *cholera* and fifteen from *small-pox* for week ended July 2d.

**Calcutta.** Nineteen deaths from *cholera* and thirty-six from *small-pox* for week ended June 22d.

Reports received from other places indicate good health.

JOHN M. WOODWORTH,  
Surgeon-general U. S. Marine Hospital Service.

**YELLOW JACK.**—It is seldom that one sees it put so well as Rothacker, of the Louisville Sunday Argus, puts it in the following:

"Is he coming, or isn't he? Dr. Blackburn says yes, and he ought to know, but Dr. Bell says no, and he ought to know. But perhaps neither of them do. Yellow Jack is a saffron-hued scoundrel of doubtful lineage, and there is a mystery about the fellow and his movements which is yet to be solved. He enters a place and, under the baleful poison of his breath, old faces

disappear, or grow haggard and solemn and fearful. He laughs malaria and commerce crouches, while men, women, and children flee to find the cities of refuge few and the closed gates many. He 'sits down with his knitting,' as Heine puts it, and then, in the awful test which follows, men who were thought great become little, and men who were thought little become great.

"He is terrible because he is invisible. The victim can feel the blow, but can not see the weapon. There are guards, but they are blind guards. There are defenses, but they are full of breaches. The physicians strike at him confusedly and harmlessly, but he only chuckles and makes the return harder. 'The one way to reduce the death-rate,' cries the Memphis Board of Health in despair, 'is for the people to leave.' Just two weeks has the invader been in a populous city and already it has capitulated. More than this, he makes the world hard-hearted. 'We are imprisoned,' telegraphs a correspondent from Grenada; 'trains will not stop here, but pass by at full speed. We have been deserted to die.'

"Jack Frost, clear-headed, bright-eyed, healthful, is his only match, but Jack Frost will linger long before he throws down the gage for battle. He rests far up in the snow-capped mountains, and waits until sultry days, heavy with death, shall have dragged their slow length, mingling sickness and suffering and silence with the flowers and the fruits in their offerings. And therefore is the South in sackcloth and ashes; sunny no longer, but looking forward with sullen eyes to the to-morrow which may be the end.

"So we don't want him here. Kentucky welcomes go pretty far, but they draw the line at Yellow Jack. He violates all rules of hospitality, and is not deserving of a courteous reception, and we are glad that the city authorities are hard at work to make Louisville so uncomfortable that he will give it a wide berth. In his way he is particular, and herein we can get the advantage of him. Let there be not a stag-

nant pool for him to sleep in, not a filthy street in which he can linger and feel at home. Pitch lime into the eyes of his couriers, trundle off his supplies in carts, make the preliminary preparations so effective and complete that he will get disgusted in advance and stay away. This is no place for a summer resort, anyhow, especially for such fellows."

**ARTIFICIAL OIL OF MUSTARD.**—Boston Journal of Chemistry: Foreign journals state that since the manufacture of allyl-sulphocyanide, or artificial oil of mustard, has been brought to its present state of perfection, the distillation of the genuine oil from the mustard-seeds can hardly be remuneratively undertaken. It is true that when an attempt was made to introduce the artificial oil into commerce under its real name it did not find a large sale; but when vended under the name of oil of mustard it obtained ready acceptance. The imposition is certainly as harmless as any form of imposition can be; for it seems the natural and artificial oils are identical not only in chemical properties, but—what is of more importance—in physiological action.

**DELETERIOUS BACON.**—London Medical Times and Gazette: The Viennese pathologist, Prof. Richard Henschel, gives a warning in the Medical Wochenschrift to the consumers of foreign ham and bacon. He refers to the American ham, which has recently found its way to Vienna, and is recommended in preference to Westphalian hams for its freedom from trichinosis. Dr. Henschel says, however, that while among some 2,000 or 2,500 Westphalian hams one is infected, of the American hams inspected in North Germany, according to an official report, one in five to ten is condemned, and there is great probability that several epidemics have been caused by trichinosis from American hams.

**LANGENBECK** has successfully extirpated the left kidney of a woman aged thirty-two.

## Selections.

**The Dose of Hyoscyamine.**—J. G. S. Coghill, M. D., F. R. C. P., Edinburgh, Physician to the Royal National Hospital, Veninor, in London Lancet:

The attention of the profession has lately been directed from several quarters to the efficacy of the alkaloid or active principle of hyoscyamus in the treatment of various forms of nervous disorder, principally the spasmodic or convulsive, and also in mania. There is no doubt we have in hyoscyamine a potent remedy in concentrated form, in striking contrast to the bulky, uncertain, and often inert preparations of hyoscyamus. Hyoscyamine seems to be a nervous sedative of the highest order, acting secondarily as a hypnotic, and in some of its immediate physiological effects closely resembling atropine. My object on this occasion is not to discuss the morbid states in which hyoscyamine is indicated, but mainly to call attention to the necessity for caution in connection with the dose of hyoscyamine which can be used with safety, as illustrated by a case in which I have just employed this drug. As stated in your issue of the 13th inst. by your correspondent, Dr. Percival, doses of one sixth of a grain had been used with success by Dr. Oulmont in a case of tetanus, while he himself, acting upon the experience of Dr. Robert Lawson in a case of violent mania, administered a draught containing *one grain* to a young girl suffering from hysterical convulsions. From my own experience I should say the drug could not have been pure. It is as well that the profession should know as soon as possible that very alarming symptoms may be developed under the influence of even *half a grain*, and hence the necessity of giving smaller and repeated quantities rather than one large dose, the effects of which might be serious if not beyond control. That this caution is not unnecessary is proved by my own very recent experience in a case of what I may term climacteric mania, which I shall very briefly state.

A. H., an unmarried American lady, in her forty-seventh year, has for the past eighteen months been suffering from mania, with frequent acute exacerbations, apparently dating from the sudden suppression of the menses under the influence of a fright. She is of typically nervous temperament, and previous to the disturbance of her mental equilibrium had been most gentle in manner, affectionate in disposition, and highly artistic in tastes and accomplishments. She was sent to the Isle of Wight, in hopes that the change might do good, but without effect, and she was some weeks ago placed under my care here. Her condition was not encouraging. The pulse was never under 90, the temperature rarely below 100°, the pupils contracted, great difficulty in nutrition and

medication, and, except when sleeping under the influence of sedatives, there was constant restlessness, incoherence, and violence. As every recognized remedy and mode of treatment had been tried in succession, I resolved to try hyoscyamine. I prescribed half a grain in solution, which was taken at ten P.M. on Friday the 19th inst. At two A.M. next morning (Saturday) I was sent for in haste, as her relatives in attendance were greatly alarmed at her condition. I was informed that within an hour of taking the medicine involuntary twitching of the legs and arms commenced, with evident distress, great restlessness generally, and inability to speak or swallow. I found the pulse 120, small and jerky; temperature 103.2°; the face flushed, pupils widely dilated, and the conjunctivæ injected. The tongue was dry and brown, and the power of articulation and deglutition almost suspended. The respiration seemed unaffected comparatively, but the patient was apparently in a partially comatose condition. As the symptoms closely resembled the physiological action of atropine, I injected half a grain of morphia hypodermically, which within an hour acted so favorably as to enable the patient to swallow small quantities of beef-tea and stimulants. At eleven A.M. I was informed that the patient had slept well at intervals, the skin being bathed with copious perspiration; she had also been able to articulate and swallow with increasing facility. I found the pulse down to 75 and the temperature slightly above 98°; but she was, to my great satisfaction, comparatively rational and intelligent, but complained much of diplopia. Since then both her physical and mental condition have continued to improve, so much so that at my visit on Sunday morning she recalled me to express her solicitude about her sister's health, who, in the paroxysms of mania, had been the special object of vituperation and violence. I have since given her one sixth of a grain of hyoscyamine with an equal quantity of morphia every third night. I am so encouraged by the ultimate results of the hyoscyamine treatment in this case that I shall not hesitate again to employ this powerful remedy; but I think the immediate effects of half a grain of the drug, such as I have described, strongly cautions the exhibition of a much smaller dose—say one quarter, or at most one third of a grain—until at least the tolerance of the patient has been tested; for had I given one grain, as recommended, I question very much whether my patient would have survived the ordeal.

**The Therapeutic Action of Gelsemium.**—London Medical Examiner: Prof. Massini, of Basle, has recently published a small pamphlet giving an account of eighty cases of neuralgia of the trigeminus treated by full doses of the tincture of gelsemium. He prefaces his remarks with a brief descrip-

tion of the physiological action of the drug. Redness of the conjunctiva, pain in the eyelids, contraction of the pupil, double vision, and giddiness are the symptoms which generally follow the administration of moderate doses. When the dose is increased, slight ptosis, dilatation of the pupil, gaping, languor, and pain in the limbs are the usual results. The respiration is not affected. In frogs, on the other hand, a large dose produces paralysis of the respiratory muscles, the heart's action remaining unchanged. In cases of neuralgia of the trigeminus Dr. Massini gives twenty minims of the tincture every half hour up to three doses, and he finds that the first dose usually affords relief, and that the pain rapidly subsides after a second or third dose has been taken. He has never found it necessary to exceed sixty minims, and only in one case did this quantity produce unpleasant head-symptoms. The cases in which the remedy produces most benefit are those of simple rheumatic neuralgia of the alveolar branches of the trigeminus; in these it rarely fails. It also sometimes relieves the pain remaining after the stopping of a carious tooth. Where there is any inflammatory affection of the bone or periosteum no good can be expected from the remedy. The medicine may, if necessary, be repeated several days in succession, the active principle rapidly passing off by the kidneys.

**The Inverse Type of Temperature as a Symptom of Miliary Tuberculosis.**—*La France Médicale*: It is stated (Il Morgagni) that the rise of the temperature in the morning and the fall in the evening are indications of miliary tuberculosis, either of the acute variety or as secondary to cheesy pneumonia. Of seventy-one patients who died of phthisis under Prof. Brunniché, this type of temperature was noted in sixty-three per cent. In patients with cheesy pneumonia without miliary tuberculosis it occurred in twenty-five per cent, while in cheesy pneumonia with miliary tubercles the proportion was eighty-five per cent. The greater the difference between the morning and evening temperatures, the more rapid the advance of the malady.

**Inoculability of some Cutaneous Affections.** London Med. Record: M. Jaccoud presented, at the Academy of Medicine in Paris, for Dr. Vidal, of the St. Louis Hospital, a paper bearing the above title. The author's experiments and researches went to show that the pustule of ecthyma, the vesico-pustule of impetigo, the vesicle of herpes, the bulla of the epidemic pemphigus of infants, could be reproduced either on the subject suffering from the affection or on a healthy individual. Other lesions, though perfectly marked and typical, were not inoculable, as eczema, zona, pemphigus diuturnus, and perhaps varioliform acne.

#### **Collodion as a Preventive of Sea-sickness.**—

*L'Année Médicale*: Dr. Laederich claims that collodion has remarkable power as a preventive of sea-sickness. It should be employed as follows: Before embarking the voyager should apply successively three layers of ricinated collodion to the epigastrium, overstepping slightly the anatomical limits of that region. The layer should extend below to a line immediately above the umbilicus, laterally to a line about two inches outside of the nipples, and above to some inches above the border of the ribs. When the voyage is expected to last more than a few days, a small quantity of the collodion should be taken along to repair the cracks in the plastering. Dr. Laederich is unable to say from experience whether or not the collodion possesses curative as well as preventive powers. He believes it does, however, because he has employed it successfully as an anti-emetic in the painful vomiting of peritonitis. Applied to the epigastrium as above, it always diminished and often arrested the vomiting.

#### **Stilbeine, a Preparation for Cleansing Instruments.**—

*Année Méd.*: This handy preparation is simply a combination of rubber and impalpable emery powder. It comes in tablets of the shape and size of the ordinary rubber eraser. It removes rust, blood stains, etc. immediately, and without scratching or soiling the instrument. All that is necessary is to rub the instrument with the composition, when it rapidly acquires a brilliant polish.

#### **Dangerous Disinfectants.**—

London Medical Examiner: In our last issue we noticed the dangers attending the general use of carbolic acid as a disinfectant. Since then Dr. Urban Pritchard, of King's College Hospital, has called attention, in a letter published in the *Times*, to a further danger in connection with carbolic acid, of which the public are apparently quite ignorant, namely, its terrible caustic properties. An infant may merely fall or sit down in a pool of the ordinary solution of carbolic acid, which may be accidentally spilt on the floor, and be so fearfully burnt as to cause its death in a few hours. This actually occurred in a case vividly brought under the writer's notice a few months ago. Dr. Pritchard adds that he can not agree with Mr. Wanklyn that this disinfectant should be discarded from general use; but he thinks that it ought to be generally known that its use requires the same care as would be observed when employing any other dangerous corrosive, such as oil of vitriol, etc.

**A case of chronic anemia resulting from gastric hemorrhage, successfully treated by transfusion of blood,** is reported in the *London Lancet* of 27th July.